

**APPENDIX C**

**U.S. DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS INNOVATION RESEARCH PROGRAM  
CONTRACT PRICING PROPOSAL  
FY10.2**

Topic No:			
Offerors Project Title:			
Name of Offeror:			
Address:			
City, State, Zip:			
Offerors Point of Contact:			
Title of Offerors Point of Contact:			
Telephone:			
E-mail:			
DUNS No. If available:			
Tax Identification No. If available:			
To best of my knowledge and belief, cost and pricing data are accurate, complete, and current as of the date of signature below.			
THE COST PROPOSAL MUST BE SIGNED BY A RESPONSIBLE OFFICIAL OF THE FIRM.			
Printed Nme_____			
Title_____			
Signature_____ Date_____			
1	<b>Total Firm Fixed Price Proposal Amount</b>		\$ _____
2.	<b>Direct Material Costs</b>		
	a. Purchased Parts		\$ _____
	b. Subcontracted Items		\$ _____
	c. Other		\$ _____
	(1) Raw Materials		\$ _____
	(2) Standard Commercial Items		\$ _____
	<b>Total Direct Materials (TDM)</b>		\$ _____
3	<b>Material Overhead (TDM x Rate %)</b>		
		Rate	Amount
	<b>Total Material Overhead (TMO)</b>	_____ %	\$ _____
4	<b>Total Materials (TDM + TMO)</b>		\$ _____
5	<b>Direct Labor</b>		
	Type / Personnel	Hours	Rate (\$ / Hr)
			Cost
			\$ _____
			\$ _____
			\$ _____
	<b>Total Direct Labor (TDL)</b>		\$ _____
6	<b>Labor Overhead (TDL x Overhead Rate)</b>		
		Rate	Amount

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	<b>Total Labor Overhead (TLO)</b>		%	\$
7	<b>Labor: Fringe Benefits</b> (TDL x Benefit Rate)			
		Rate (% or \$ / Hr)		Amount
	<b>Fringe Benefits</b>			\$
8	<b>Total Labor (TDL + TLO + Fringe)</b>			Amount
				\$
9	<b>Direct Costs: Special Testing</b> (Include field work at Government installations)			
	Item & Anticipated Use		Unit Cost	Estimated Cost
				\$
				\$
				\$
				\$
	<b>Estimated Total Special Testing</b>			\$
10	<b>Direct Costs: Special Equipment</b>			
	Item & Anticipated Use		Unit Cost	Amount
				\$
				\$
				\$
	<b>Estimated Total Special Equipment</b>			\$
11	<b>Direct Costs: Travel</b>			
	Travel Location	Mode of Travel	# of Trips	Per Diem
				Amount
				\$
				\$
	<b>Travel</b>			\$
12	<b>Direct Costs: Consultant Services</b>			
	Description of Service			Amount
				\$
				\$
	<b>Total Consultant Services</b>			\$
13	<b>Direct Costs: Other Direct Costs (ODC) not previously accounted for.</b>			
	Item & Anticipated Use		Unit Cost if applicable	Amount
				\$
				\$
				\$
	<b>Total Other Direct Costs</b>			\$
14	<b>Total Direct Costs (TDC) (Sums of Line No. 9 – 13)</b>			Amount
				\$
15	<b>General &amp; Administrative Expense ((Total Materials + Total Labor + Total ODC) x Rate)</b>			
		Rate %		Amount
				\$
16	<b>Royalties</b>			
	Description			Amount
	Total			\$

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17	<b>Total Cost (Sums of lines 4, 8, 14, 15 &amp; 16)</b>		Amount
			\$
18	<b>Profit (Total Cost x Profit Rate)</b>		
		Rate %	Calculated Amount
			\$
19	<b>Total Firm Fixed Price Amount (Total Cost + Profit)</b>	\$	
20	An executive agency of the United States Government ____has ____ has not performed any review of your accounts or records in connection with any other Government prime contract or subcontract within the past twelve months? If one has, then provide a copy of the audit report and the name and address of the reviewing office, name of the individual and telephone/extension below _____ _____		
21	Government property ____is ____is not required in the performance of this proposal? If yes, identify. _____ _____		
22	Government contract financing ____is, ____ is not required to perform this proposed contract? If yes, specify type as advanced payments or progress payments.		